



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL

December 14, 2022

Please standby – the meeting will begin shortly

Today's presentation is available on the mass.gov/dph website under "Upcoming Events" by clicking on the December 14th Public Health Council listing



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING DECEMBER 14, 2022

Margret R. Cooke, Commissioner

\$130 Loan Repayment for Behavioral and Primary Care

PRESS RELEASE

Baker-Polito Administration Announces Historic \$130 Million Workforce Loan Repayment Program for Health Care Workers

The Executive Office of Health and Human Services has contracted with the Massachusetts League of Community Health Centers to implement this important initiative to retain these essential workers


FOR IMMEDIATE RELEASE:

11/17/2022

Executive Office of Health and Human Services

MEDIA CONTACT

Olivia James,
Communications Manager

 Phone

617-549-9658

BOSTON – Today the Baker-Polito Administration announced a significant step in addressing the health care workforce shortage by contracting with the Massachusetts League of Community Health Centers to implement a \$130 million loan repayment program to support and retain the behavioral health and primary care workforce. Funding comes from the American Rescue Plan Act and the Opioid Recovery and Remediation Trust Fund.

MassMen Campaign



MASSMEN
LIFE TOOLS FOR MEN

You don't have to get over your feelings. You have to feel them.

- Harry, Construction Supervisor

MassMen

Getting support isn't a sign of weakness. It's a sign of strength. Take a free and anonymous self-screener to learn about the challenges you may be facing.

[TAKE A SELF-SCREENER](#)

Mass.gov/MassMen

Mpox Update



mpox (monkeypox)
Get the Facts

Learn more at mass.gov/Mpox

“Triple-demic”

Help keep your family healthy this season:

- Vaccinate children ages 6 months and older against flu and COVID.
- Keep sick children home from daycare or school.
- Avoid social gatherings if you or your children are ill.
- Contact your child’s healthcare provider if you think your child needs medical care.



Measures to maintain healthcare capacity



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Executive Office of Health and Human Services
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Governor


KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

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MEMORANDUM

TO: Steve Walsh, Massachusetts Hospital Association
Dr. Mark Girad, Steward Health
Lora Pellegrini, Massachusetts Association of Health Plans
Andrew Dreyfus, Blue Cross Blue Shield MA
Tara Gregorio, Massachusetts Senior Care Association
Elissa Sherman, LeadingAge MA

FROM: Marylou Sudders 

RE: 90-day Strategies to Address Healthcare Capacity

DATE: December 8, 2022

The Massachusetts healthcare system is facing severe capacity challenges as we head into the winter with record hospital occupancy levels, three prevalent viruses circulating, and significant workforce shortages. The challenges exist and compounding across the system – from the hospital emergency department to EMS transports to post-acute care – and warrant a multi-faceted response.

As we prepare for the next several months, once again, our healthcare system has stepped up and united in response. To that end, we have requested, and your respective membership organizations, plus Steward Health Care and Blue Cross Blue Shield of Massachusetts, have agreed to the following set of temporary operational and practice changes.

Posted here:
[Public Health Guidance and Directives for Health Care Organizations \(link\)](#)

Free, Family-friendly, COVID-19 Vaccine Clinics



[Mass.gov/GetBoosted](https://www.mass.gov/GetBoosted)

Visit to Lemuel Shattuck Hospital



Opioid Roundtable





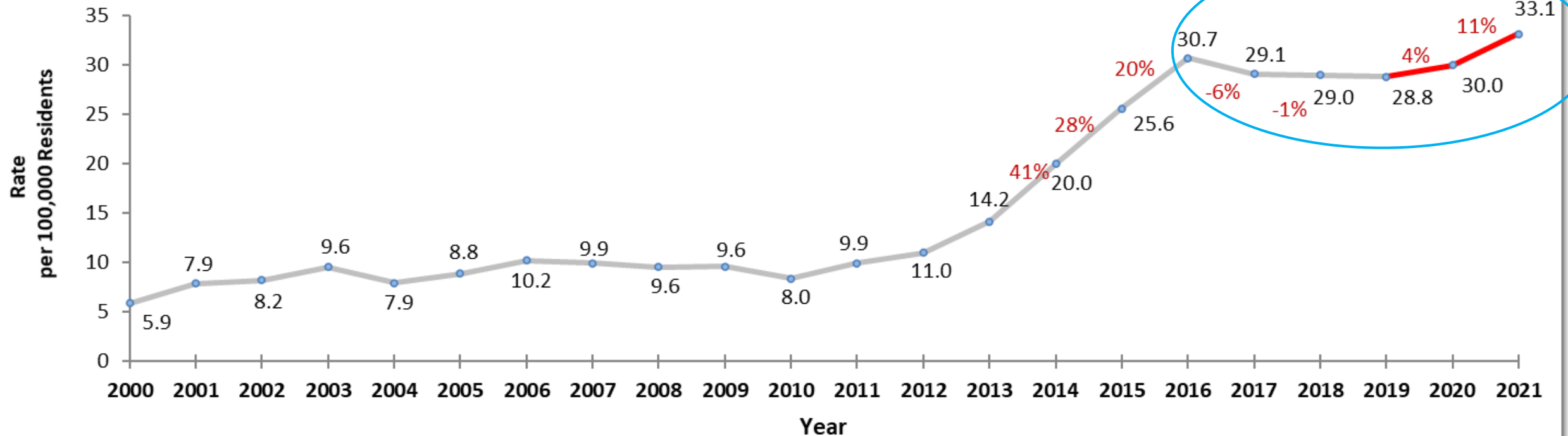
Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING DECEMBER 14, 2022

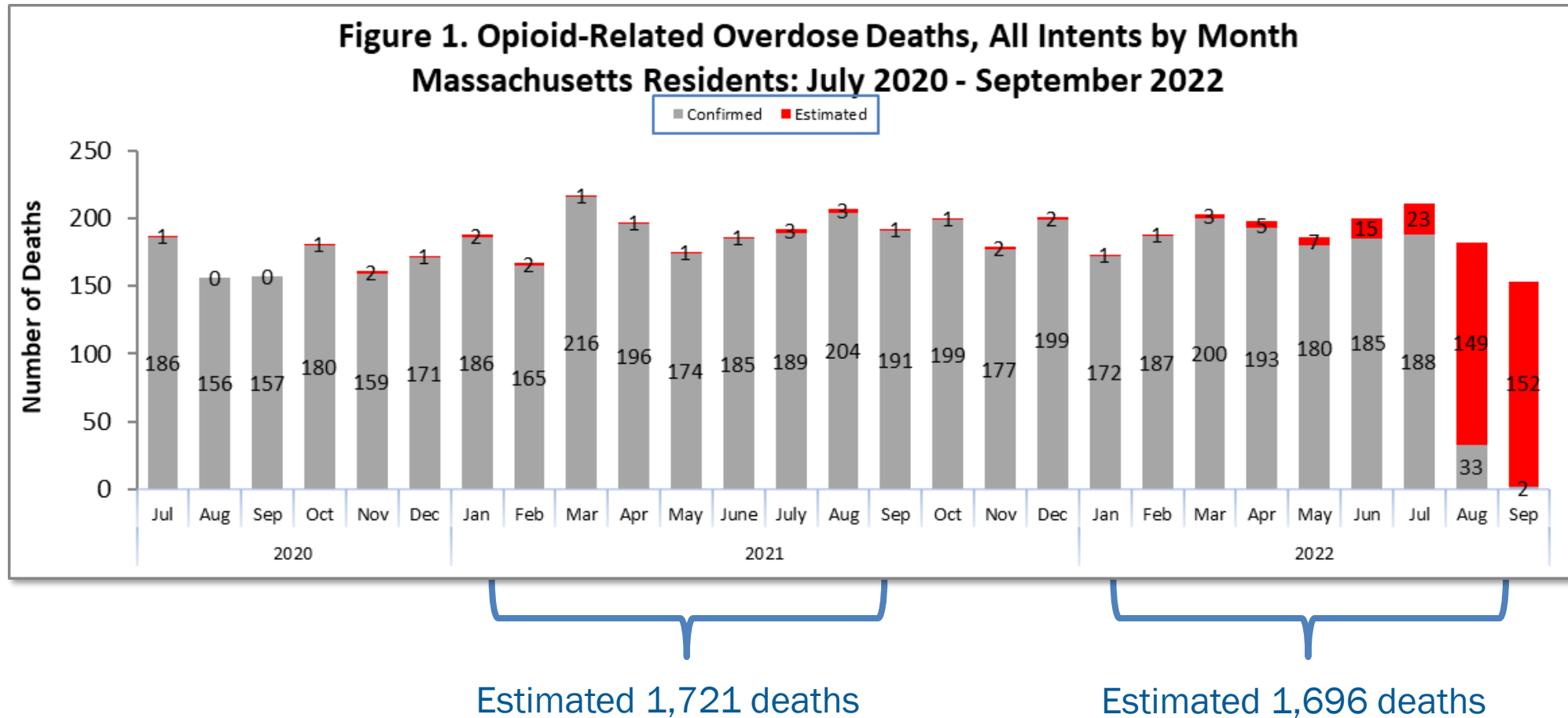
Margret R. Cooke, Commissioner

The rate of opioid-related overdose deaths increased 11% in 2021 compared with 2020. This rate is 8% higher than the 2016 peak.

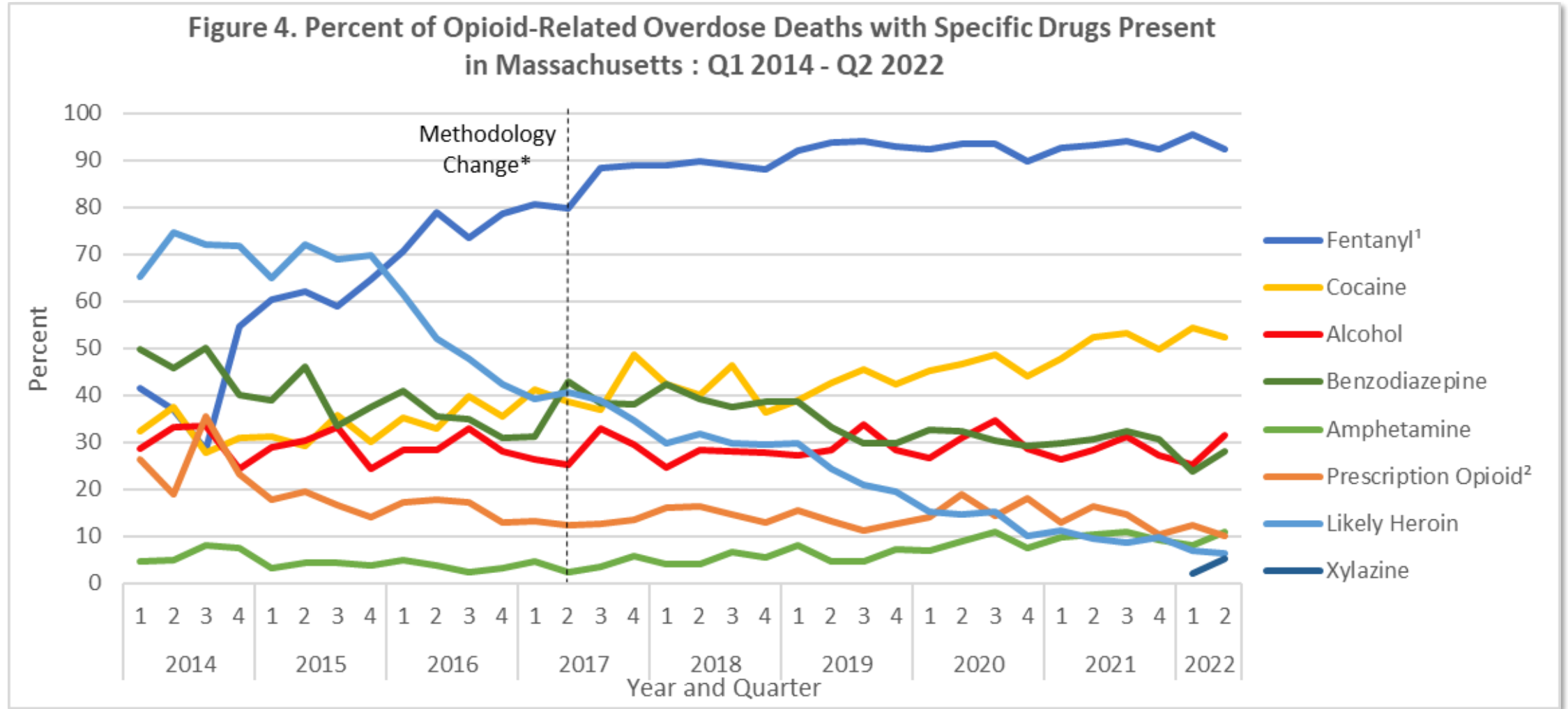
Figure 3. Rate of Confirmed and Estimated Opioid-Related Overdose Deaths, All Intent
Massachusetts Residents: 2000 - 2021



Preliminary data show 1,340 confirmed and 356 estimated opioid-related overdose deaths in the first nine months of 2022, an estimated 1.5% decrease compared with the same period in 2021.

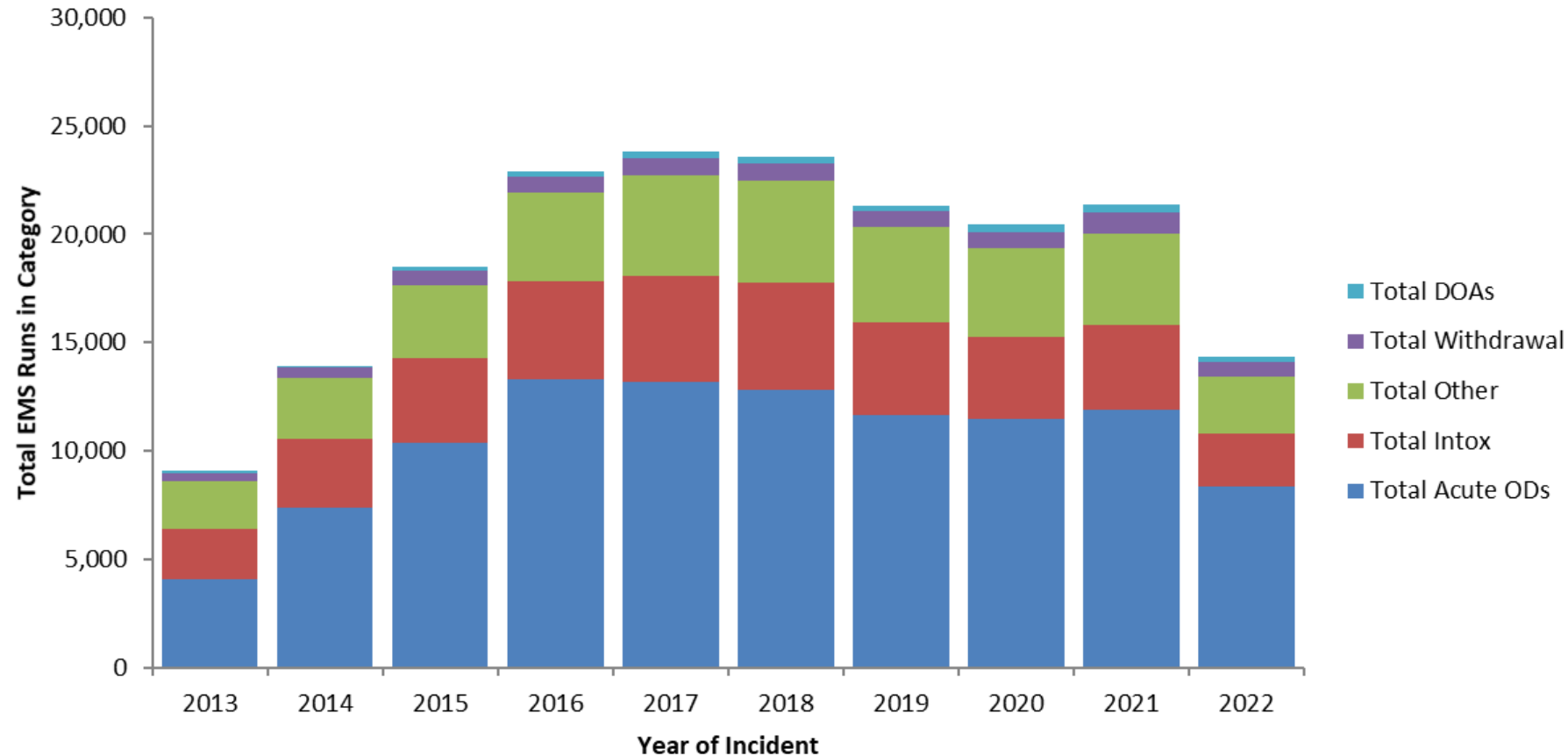


Fentanyl remains a key factor in opioid-related overdose deaths (94% present in toxicology screen in 1st six months of 2022).



In the first nine months of 2022, 58% of all opioid-related EMS incidents were Acute Opioid Overdoses

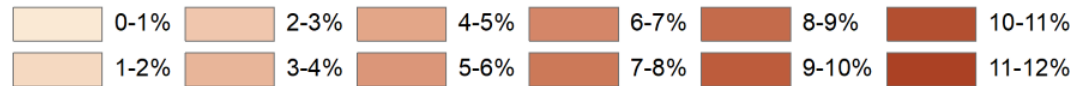
Figure 2: Severity Breakdown of Opioid-Related Incidents, MA: 2013-2022



Naloxone was administered in 97% of these incidents

Maternal Opioid Use 2016 - Q3 2022

Percent of Mothers Who Used Opioids or Benzodiazepines During



Note: County based on birth hospital, not county of residence.

Mothers with opioid or benzodiazepine use during pregnancy is reported using ICD-10-CM codes (F11.20: Opioid dependence, F13.20: Sedative, hypnotic or anxiolytic dependence). Percent of mothers with opioid or benzodiazepine use during pregnancy was calculated as: number of mothers reported by facilities in that county as having above ICD codes/ total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as reported by facilities in that county.

Created by: Bureau of Health Care Safety & Quality

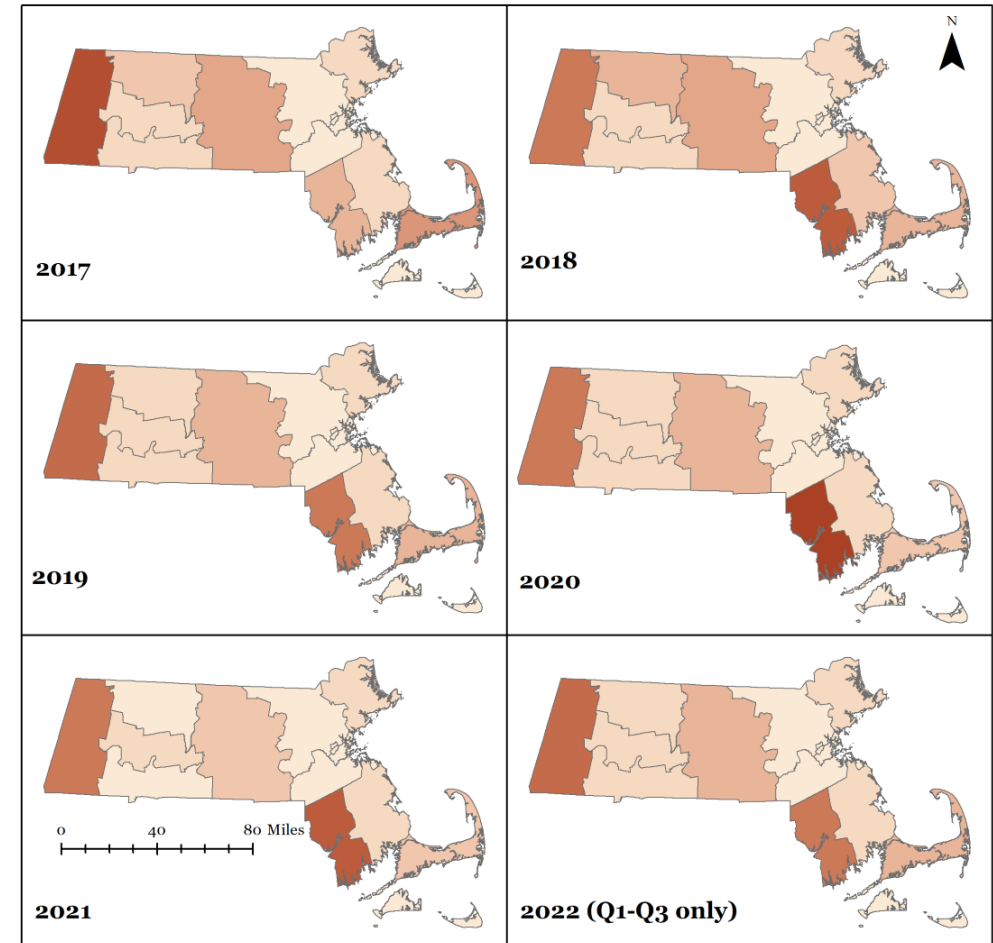
Updated on: November 4, 2022

Data Sources: 1. Health Care Facility Reporting System, Monthly Opioid Reports - extracted 11/02/2022

2. MA Counties and Hospital Shapefiles - MassGIS

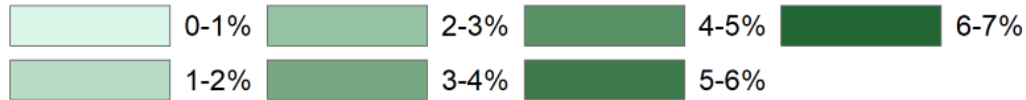
The percent of women using opioids or benzodiazepine during pregnancy has decreased since 2016.

Percent of Mothers Who Used Opioids or Benzodiazepines During Pregnancy, By County, Massachusetts, 2017-2022



Substance Exposed Newborns 2016 - Q3 2022

Percent of Infants Exposed to Controlled Substances



Note: County based on birth hospital, not county of residence.

Infants with exposure to Controlled Substances is reported using ICD-10-CM codes (P96.1: Neonatal withdrawal symptoms, P04.49: Infant affected by maternal use of Controlled Substances). These ICD-10 codes can include opioids (including medications for opioid use disorder), benzodiazepines, methamphetamine, barbiturate, cocaine, hallucinogens, or cannabis. Percent of infants with exposure to Controlled Substances was calculated as: number of infants reported by facilities in that county as having above ICD codes / total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as reported by facilities in that county.

Created by: Bureau of Health Care Safety & Quality

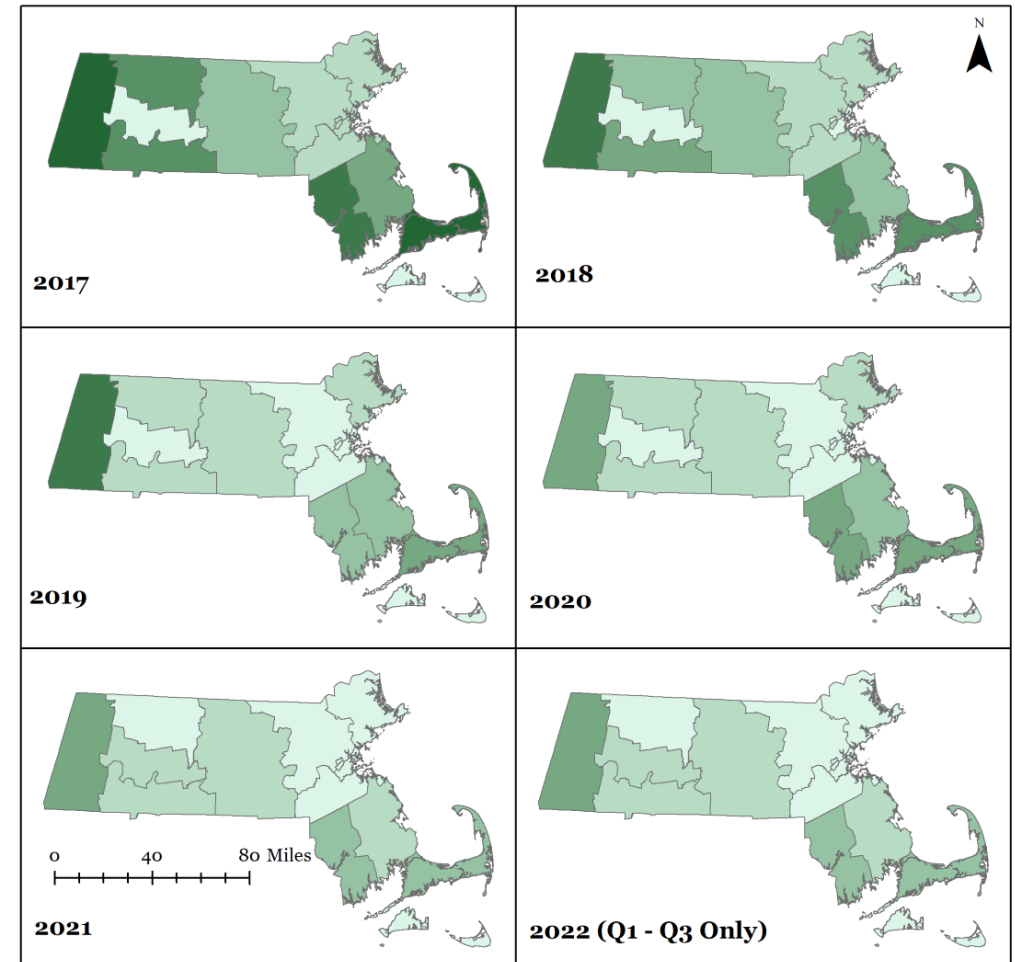
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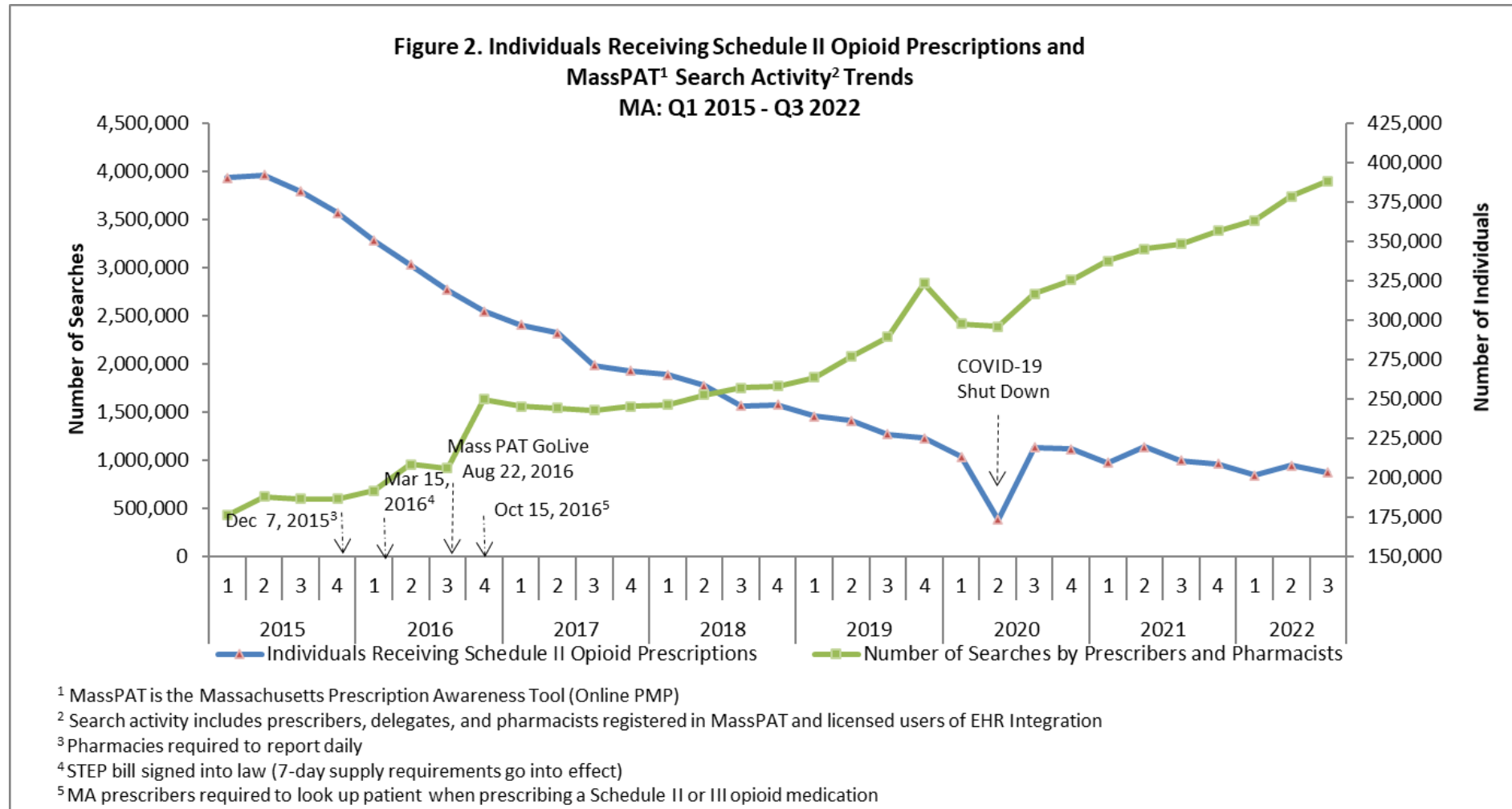
2. MA Counties and Hospital Shapefiles - MassGIS

The percent of infants that are born exposed to controlled substances has decreased since 2016.

Percent of Infants Born that are Exposed to Controlled Substances By County, Massachusetts, 2017-2022



Opioid prescribing bounced back after COVID-19 related shut-downs, and has begun to stabilize





Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING DECEMBER 14, 2022

Margret R. Cooke, Commissioner



Massachusetts Department of Public Health

Determination of Need:

Request by BMC Health System, Inc. for a substantial capital expenditure and substantial change in service



Massachusetts Department of Public Health

Determination of Need:

Request by the Children's Medical Center Corporation for a substantial capital expenditure and substantial change in service



Massachusetts Department of Public Health

Proposed Emergency Amendments to 105 CMR 130.000:

Hospital Licensure

Marita Callahan

Director of Policy and Health Communications, Bureau of Healthcare Safety and Quality

Regulation Overview

105 CMR 130.000, Hospital Licensure:

- Sets forth standards for the maintenance and operation of hospitals, pursuant to M.G.L. c. 111, §§ 51 and 51G.
- Ensures a high quality of care, industry standardization, and strong consumer protection for individuals receiving care in hospitals.

Regulation Changes: Licensed Mental Health Professionals in EDs and SEFs

- In August 2022, Governor Baker signed “An Act Addressing the Barriers to Care for Mental Health.” This comprehensive legislation includes a wide variety of reforms to ensure equitable access to behavioral health care and remove barriers that currently make it difficult for many people to get the care they need.
- To meet the statutory requirements of this legislation, the Department is proposing an emergency amendment to the regulations to require licensed mental health professionals be available in an emergency department or satellite emergency facility to assess, evaluate and stabilize a person who presents with a primary behavioral health concern.

This amendment ensures that patients at an emergency department or satellite emergency facility presenting with a primary behavioral health concern receive timely and appropriate care.

Next Steps

- The Department respectfully requests that the Public Health Council vote to approve the proposed amendments to 105 CMR 130.000 on an emergency basis.
- This will allow the regulation to take effect upon filing with the Secretary of State's office while the Department conducts a public comment period.
- Final approval of the proposed amendments, along with a review of public comments, will be requested at a subsequent meeting of the Public Health Council.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding standards for hospital licensure, please find the relevant statutory language and the full current regulation here:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111>

<https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>



Massachusetts Department of Public Health

Promulgation of Revisions to 105 CMR 170.000:

Emergency Medical Services System

Marita Callahan

Director of Policy and Health Communications, Bureau of Healthcare Safety and Quality

Summary of Regulation

105 CMR 170.000, *Emergency Medical Services System*, establishes a statewide Emergency Medical Services (EMS) system designed to:

- Ensure that properly trained and certified EMS personnel, operating under medical oversight, provide emergency medical care to patients at the scene of their illness or injury and during transport to appropriate health care facilities;
- Establish standards for licensure of ambulance services, certification of EMS vehicles and equipment requirements; and
- Provide for scheduled, routine transport of non-emergent patients to appropriate destinations.

Overview of Previous Revisions to the Regulation

As a reminder, the Department previously presented to the Public Health Council proposed revisions to 105 CMR 170, *Emergency Medical Services System*. The Department proposed several material changes to the regulation, which included:

- Expanding the definition of “appropriate health care facility” to allow for ambulance transport directly to a specific unit within a hospital;
- Codifying, in part, the currently in effect “Order Of The Commissioner of Public Health Providing for Continuity of Emergency Medical Services Care” to allow the staffing model of one EMT and one first responder to continue for some Basic Life Support ambulance transports;
- Providing more clarity around the types of behavior by EMS personnel that represent gross misconduct or pose a threat to public health and safety; and
- Updating the minimum requirements for examiners and instructor/coordinators.

Public Comment Period

- Following the presentation to the PHC, the Department held a public comment period, including a public hearing.
- The Department also held a meeting of the Emergency Medical Care Advisory Board (EMCAB) to solicit comments from EMCAB members.
- Based on the public comments received, the Department made additional revisions to 105 CMR 170.000.
- This presentation will outline the revisions made in response to comments received or for clarity.

Post Comment Revision: Staffing

CURRENT REGULATION

- The currently in effect “Order Of The Commissioner of Public Health Providing for Continuity of Emergency Medical Services Care” allows for a BLS ambulance service to be staffed with one EMT and one first responder.

ORIGINAL PROPOSED REVISION

- Allows the staffing of one EMT and one first responder for some BLS ambulance transports, specifically for routine medical appointments and hospital discharges.

SUMMARY OF PROPOSED REVISION AFTER COMMENT PERIOD

- Allows for the staffing of one EMT and one first responder for any BLS transport.
- Additionally, while the “first responder” definition is set in statute, to alleviate commenters’ concerns, the Department has included language allowing individuals trained to the first responder level to be utilized in the first responder/EMT staffing model.

These revisions address concerns that limiting the first responder/EMT staffing model to some BLS transports would adversely impact rural areas of Massachusetts that have struggled with staffing shortages.

Post Comment Revision: EMS Personnel

CURRENT REGULATION

- Sets forth the various grounds for the denial, suspension and revocation of approval and/or certification for ambulance services and EMS personnel.

ORIGINAL PROPOSED REVISION

- Proposes providing more clarity around what types of behavior represents gross misconduct or pose a threat to public health and safety by EMS personnel.
- Prohibited behavior includes acts of violence, boundary violations with patients, and drug-related offenses.

SUMMARY OF PROPOSED REVISION AFTER COMMENT PERIOD

- Clarifies that EMS personnel cannot be under the influence of alcohol, or impaired by any controlled substance, including cannabis, while on duty *as an EMT* at an ambulance service.

This clarification addresses concerns about EMS personnel who may be prescribed a controlled substance and on “light duty” while recovering from illness or injury.

Post Comment Revision: Serious Incident Reporting Requirements

CURRENT REGULATION

- Requires ambulance services to file a written report with the Department for any serious incidents within 7 days of the incident. “Serious incident” is defined as incidents that result in injury to a patient not ordinarily expected as a result of the patient’s condition.

ORIGINAL PROPOSED REVISION

- Proposed defining “serious incident” as incidents that create a significant risk of substantial or serious injury to the health, safety or well-being of a patient not ordinarily expected as a result of the patient’s condition.

SUMMARY OF PROPOSED REVISION AFTER COMMENT PERIOD

- Reverts to the current standard requiring reporting to the Department a serious incident that results in injury to a patient, *except for reporting medication errors*, which must be reported to the Department whether or not there was injury to a patient, given the significant risk of substantial or serious injury from such an error.

This revision addresses concerns that the originally proposed reporting requirements for incidents of significant risk of injury were too broad and burdensome.

Post Comment Revision: Patient Care Records

CURRENT REGULATION

- Requires patient care reports to be prepared contemporaneously with or as soon as practicable after the EMS call.

ORIGINAL PROPOSED REVISION

- Requires patient care reports to be transmitted to or left at the hospital prior to EMS personnel leaving the hospital, unless the EMS personnel are immediately dispatched to another emergency call.

SUMMARY OF PROPOSED REVISION AFTER COMMENT PERIOD

- Revert to the current standard of requiring patient care reports to be prepared contemporaneously with or as soon as practicable after the EMS call with the additional requirement for EMS personnel to provide a verbal report to receiving staff at the time of patient transfer of care.

This revision addresses concerns that ambulance response times would be delayed if EMS personnel must complete a patient care record before leaving the emergency department while still maintaining patient safety by requiring a verbal report to receiving staff.

Next Steps

- The Department requests the Public Health Council approve the proposed regulations for promulgation.
- Following Public Health Council approval, the Department will file the amended regulation with the Secretary of the Commonwealth for final enactment.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding emergency medical services, please find the relevant statutory language and the full current regulation here:

Current regulation:

<https://www.mass.gov/doc/105-cmr-170-emergency-medical-services-system/download>

Proposed amendment:

<http://mass.gov/dph/proposed-regulations>

Massachusetts Law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111c>



Massachusetts Department of Public Health

Next Meeting:
January 11, 2023